


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

|  |  |         |  |   |  |
|--|--|---------|--|---|--|
| <b>DOCUMENT # A01000000355</b><br>1. Entity Name<br><b>FEAGLE FAMILY LIMITED PARTNERSHIP</b>   |  |         |  |                                  |  |
| Principal Place of Business<br><b>153 NE MADISON ST.<br/>         LAKE CITY, FL 32055</b>  |  |         | Mailing Address<br><b>POST OFFICE BOX 1653<br/>         LAKE CITY, FL 32056-1653</b> |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |  |         | 3. Mailing Address<br>Suite, Apt. #, etc.  |   |  |
| City & State   |  |         | City & State   |   |  |
| Zip  |  | Country |  | 4. FEI Number<br><b>59-3707103</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |         |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>FEAGLE, MARLIN M<br/>         153 NE MADISON ST<br/>         LAKE CITY, FL 32055</b>   |  |         |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  |  |         |  |   |  |
| SIGNATURE _____ DATE _____<br><small>Signature typed or printed name of registered agent and title if applicable.</small>  |  |         |  |   |  |
| 9. Capital Contributions as Shown on record. <b>\$125,000.00</b>   |  |         | 10. Amount of Capital Contributions in FLORIDA to date. <b>\$125,000.00</b>          |   |  |
| April 15, 2005   |  |         |  |   |  |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>  |  |         |  |   |  |
| 12. GENERAL PARTNER INFORMATION  |  |         |  | 13. ADDRESS CHANGES ONLY  |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  |         |  | STREET ADDRESS<br>CITY - ST - ZIP   |  |
| <b>FEAGLE, MARLIN M<br/>         153 NE MADISON STREET<br/>         LAKE CITY, FL 32055</b>  |  |         |  | <b>1000000331709<br/>         04/26/05-80026-021 526.25</b>   |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  |         |  | STREET ADDRESS<br>CITY - ST - ZIP   |  |
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| 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes. |  |         |  |   |  |
| SIGNATURE: <i>Marlin Feagle, as G.P.</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>  |  |         |  | 04/15/05 386/752-7191<br><small>Date Daytime Phone #</small>  |  |

STAPLE CHECK HERE